



Vermont Department of Health
Emergency Medical Services and Injury Prevention
Agency of Human Services



**APPLICATION FOR
EMERGENCY MEDICAL TECHNICIAN – BASIC RECIPROCITY
OR
RENEWAL WITH NATIONAL REGISTRY CARD**

Instructions:

1. This form is to be used by all persons applying for reciprocal Emergency Medical Technician-Basic certification or renewing their certification through National Registration (for NH residents only).
2. On page three, please print or type all requested information.
 - Vermont EMS number (if applicable), expiration date and social security number
 - Name, address, telephone numbers and email addresses
 - Service affiliations - list your primary service affiliation (must be licensed in Vermont) and any additional Vermont affiliations you may have.

NOTE: You must be affiliated with a Vermont licensed ambulance or first responder service to obtain or renew EMT certification.

- Certification level and status for which you are applying: new EMT certification or recertification with a National Registry card.
 - Your National Registry Number (if applicable) and expiration date.
 - For EMT-B Reciprocity:
 - The state in which you are currently certified at the Basic level.
 - Your current certification level, number and expiration date in that state (the certification must be current).
 - Educational institution or agency that sponsored your EMT course, contact person (name, title, address, phone) and course completion date.
3. If you are renewing your Vermont EMT certification with a National Registry card and you are an EMT-Intermediate, you must complete page 2 of this application. **Be sure to obtain the signature of your Vermont EMS District Medical Advisor.**
 4. Page four is the signature page. The head of your primary Vermont service must fill out and sign the top section. After you have read and answered the six questions, sign in the space provided.
 5. Submit with this application copies (front & back) of your current EMT card, certifications, licenses and other pertinent materials. **The most common reason for rejection of an application is failure to submit these materials.**

Name: _____

EMT # _____

EMT-Intermediate-90 and EMT-Intermediate-03 Continuing Education Credits

If you are renewing your EMT certification with your National Registry card and you are an EMT-Intermediate, you are required to provide proof of continuing education at that level. Use the grid below to document this training. Be sure to have your Vermont EMS District Medical Advisor sign this page before submitting your application.

1. To recertify through continuing education, your EMT-I certification must be current or within six months of expiration. To regain a certification that has lapsed more than six months, contact the EMS Office.
2. In addition to all requirements for EMT-B recertification, EMT-I 90s must complete at least 10 hours of CE in areas specified below. EMT-I 03 recertification requires 6 additional hours in specified categories.
3. If your EMT-I certification is less than two years old, you must submit a prorated number of hours at a rate of 5 hours per year at the EMT-I 90 level or 8 hours per year at the EMT-I 03 level.
4. No more than 5 hours of EMT-I CE may be gained through unsupervised video or CE journals.

| Module | Topic | Required Hours | Hours Completed | Date Completed |
|----------------------------|--|----------------|-----------------|----------------|
| | EMT-I-90 and EMT-I-03 | | | |
| Preparatory | Venous Access and Protocol Review | 2 | | |
| | | | | |
| Airway Management | Airway Management | 2 | | |
| | | | | |
| Shock | Fluids, Electrolytes and Shock | 2 | | |
| | | | | |
| Medical Emergencies | Assessment and Management of Diabetes and Neurological Emergencies | 2 | | |
| | | | | |
| | Assessment and Management of Allergic and Poisoning/Overdose Emergencies | 2 | | |
| | | | | |
| | Total for EMT-I-90: | 10 | | |

| | | | | |
|--|---------------------------------------|-----------|--|--|
| | EMT-I-03 ONLY | | | |
| | Anatomy & Physiology and Pharmacology | 2 | | |
| | Respiratory Emergencies | 2 | | |
| | Cardiac Emergencies | 2 | | |
| | Total for EMT-I-03: | 16 | | |

DISTRICT MEDICAL ADVISOR: By signing below, I attest that this applicant meets local medical control requirements and should be recertified as an EMT-Intermediate by the Vermont Department of Health.

PRINT: District Medical Advisor

Date

SIGNATURE: District Medical Advisor

APPLICANT INFORMATION

PLEASE PRINT

PLEASE PRINT

| | | | | | |
|--|----------------------------|--|------------------------|---------------------------------|--------------|
| _____ Vermont EMS # | | _____ Vermont EMS Exp. Date | | _____ Social Security Number | |
| _____ Last Name | | _____ First Name | | _____ Middle Name | |
| _____ Address | | _____ Town/City | | _____ State | _____ ZIP |
| (_____)_____ Home Phone | (_____)_____ Work Phone | _____ Sex | _____ Date of Birth | | |
| (_____)_____ Cell Phone | _____ Email Address | | | | |
| 1)_____ Primary Service Affiliation | | 2)_____ Secondary Service Affiliation | | | |
| 3)_____ Secondary Service Affiliation | | 4)_____ Secondary Service Affiliation | | | |
| Applying for: <input type="checkbox"/> EMT-Basic Reciprocity <input type="checkbox"/> Renewal of EMT-B certification w/ National Registry card | | | | | |
| <input type="checkbox"/> Renewal of EMT-I certification w/ National Registry card (additional CE required) | | | | | |
| National Registry number (if applicable) _____ National Registry Expiration date _____ | | | | | |
| State in which you currently hold EMT certification _____ | | | | | |
| Certification Level _____ Cert number _____ Expiration date _____ | | | | | |
| Educational institution or agency that sponsored the EMT Course _____ | | | | | |
| Contact person name _____ | | | | Title _____ | |
| Address _____ | | | | | |
| Phone _____ | | Course completion date _____ | | | |

**ATTACH COPIES OF YOUR CURRENT NATIONAL REGISTRY OR
STATE EMT CARD (and EMT-I CE, if renewing at that level)**

***** DO NOT WRITE BELOW THIS LINE ***** EMS OFFICE USE ONLY *****

| | | | |
|------------------------------------|--------|-----------|------------|
| Credentials verified: | YES NO | by: _____ | Date _____ |
| Affiliation Verified: | YES NO | by: _____ | Date _____ |
| Card Issued & Computer Updated: | YES NO | by: _____ | Date _____ |

SIGNATURE PAGE

HEAD OF SERVICE: In signing this application for Vermont Emergency Medical Technician certification I attest that the applicant is affiliated with the service listed below:

Name of Vermont Licensed Service

Head of Service (Please print)

Service #

Head of Service Signature

Date

(This signature must be the same as that appearing on the service's license application)

CANDIDATE: Please answer the following questions

(CIRCLE ONE)

YES NO Are you currently illegally using drugs or have you only recently stopped illegally using drugs? {EMS Rules 11.1602}
If yes, please explain: _____

YES NO Have you ever been convicted of a crime or crimes (misdemeanor or felony)?
{EMS Rules 11.14}
If yes, have you previously disclosed your crime conviction or convictions to the EMS Office? YES NO If yes, date disclosed _____
If no, please explain: _____

YES NO Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere? {EMS Rule 11.16}
If yes, please explain: _____

NO YES Are you free of obligation to pay child support or are in good standing with respect to or in full compliance with a plan to pay any and all child support {15 V.S.A. Section 795}
If yes, please explain: _____

NO YES Are you in good standing with respect to or in full compliance with a plan to pay any and all taxes due {32 V.S.A. Section 3113}
If yes, please explain: _____

NO YES Are you free of obligation to pay unemployment compensation contributions or are you in good standing with respect to or in full compliance with a plan to pay any and all unemployment compensation contributions? {21 V.S.A. Section 1378}
If yes, please explain: _____

NOTE: The Department of Health will not automatically disqualify applicants based solely upon their answers, but may request additional information. Contact the EMS Office if you are unsure how to answer these questions.

I attest the information contained in this (re)certification application is correct and factual. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding (re)certification and (re)certification examinations contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Applicant's signature

Today's Date

Your Date of Birth